

NASCI Verification of Cardiac CT Training

Overall Requirements

The supervising physician must be knowledgeable about the administration, risks, and contraindications of the pharmacologic agents commonly used in cardiac CT imaging, such as heart rate-lowering medications and coronary vasodilators.

The physician interpreting cardiac CT should have documented training in the physics of diagnostic radiology. Additionally, the physician must be familiar with the principles of radiation protection, the hazards of radiation, and radiation monitoring requirements and how they apply to both patients and personnel.

Specific Requirements

For a physician with prior qualifications in radiology (board certified or board eligible), additional qualifications need to include:

- Thirty (30) Category I CME on cardiac CT or thirty (30) hours of equivalent cardiac CT education during training in a recognized radiology training program approved by the Accreditation Council for Graduate Medical Education (ACGME), the Royal College of Physicians and Surgeons of Canada (RCPSC), the Collège des Médecins du Québec, or the American Osteopathic Association (AOA). Note: The training should include education in cardiac anatomy, physiology, pathology, and cardiac CT imaging.
- Supervision, interpretation, or reporting of at least 50 cardiac CT examinations in the last 36 months. Note: Coronary artery calcium scoring does not qualify as meeting these requirements.

For a non-radiology physician who assumes responsibilities for cardiac CT imaging, additional qualifications should include:

- Completion of a training program in the specialty practice approved by the Accreditation Council for Graduate Medical Education (ACGME), the Royal College of Physicians and Surgeons of Canada (RCPSC), the Collège des Médecins du Québec, or the American Osteopathic Association (AOA).
- 200 hours of Category I CME in the performance and interpretation of CT
- Supervision, interpretation, or reporting of 500 cases in cardiothoracic imaging. Note: These cases must include at least 50 cardiac CT examinations during the past 36 months in a supervised situation and at least 450 additional thoracic CT or thoracic CT angiography cases. Coronary artery calcium scoring does not qualify as meeting these requirements.
- Thirty (30) hours of Category I CME in cardiac imaging, including cardiac CT, anatomy, physiology, and/or pathology, or documented equivalent supervised experience in a facility actively performing cardiac CT

Verification Renewal Process

The certificate of verification has a 3-year term, following the recommendation of ACR/NASCI/SPR Practice guidelines which recommends proof of continued training and practice every 3 years (ref). Members in good standing of NASCI, demonstrating completion of continuous 12 CME credits/year

and proof of interpretation of 75 case/3 years can request an updated certificate at no additional cost. All other candidates must pay an additional renewal fee.

*Please note that attendance and completion of CME credits application available at the Annual NASCI meeting could provide the needed annual CME credit for both cardiac and MRI requirements.

Process of Verification:

- The candidate should provide name and contact information (address, phone number, email address) of the cardiac CT training program for direct verification of on-site training. The candidate should send his certificates of training completion and/or signed letters of verification of experience from mentors to: North American Society for Cardiovascular Imaging through the form available on the NASCI website.
- A NASCI Verification Task Force will supervise the process and review all applications. Any unclear information or circumstances requiring further clarification will be reviewed by a committee of volunteer NASCI Educational Committee members.

This application must be accompanied with payment in full under the following fee schedule:

<p><i>MR verification application fees:</i></p> <p>Members: \$300 Non-members: \$500</p>

<p><i>Cardiac CT verification application fees:</i></p> <p>Members: \$300 Non-members: \$500</p>

<p><i>Combined Cardiac CT and Cardiac MR verification application fees:</i></p> <p>Members: \$400 Non-members: \$600</p>

*Please complete the following form, noting the required information with a red *.*

() I hereby make application to the North American Society of Cardiovascular Imaging for NASCI Verification of Cardiac CT Training. I agree to disqualification from issuance of Verification if any of the statements hereinafter made by me are false, or if any of the rules governing this process are violated.*

Section #1
Demographic Info

Name _____

Sex: () Male () Female () Would rather not respond

Mailing Address: _____

City/State/Zip: _____

Telephone: _____ Email: _____

Social Security No. (Optional) _____

Title(s) : _____

SECTION #2
Medical Education

Valid Medical License # _____ State: _____

Field of Certification: ACGME Radiology/Cardiology/Nuclear Medicine _____

Other (specify) _____ Date: Month _____ Year: _____

Name at time of certification if different than #1 above (if Board eligible, state date of anticipated certification): _____

Other specialty board certification: Board _____ Date: _____

Board _____ Date: _____

1. Medical School(s):

Name of Institution / City & State / Dates attended / Degree Earned

1 _____

2 _____

3 _____

2. Internship/Residency Program:

Name of Institution / City & State

Dates

1 _____ From: _____ To: _____

2 _____ From: _____ To: _____

3 _____ From: _____ To: _____

3. Fellowship Program:

Name of Institution / City & State

1 _____ Type: _____

Dates: From _____ To: _____

2 _____ Type: _____

Dates: From _____ To: _____

4. Current Employment Institution

Name of Institution / City & State

_____ Start Date: _____

Medical Director: _____ Phone: _____

5. Prior Employment Institutions

Name of Institution / City & State

a. _____ From _____ To: _____

Medical Director: _____ Phone: _____

b. _____ From _____ To: _____

Medical Director: _____ Phone: _____

c. _____ From _____ To: _____

Medical Director: _____ Phone: _____

SECTION #3

CME Credit Requirements

For a physician with prior qualifications in radiology (board certified or board eligible), additional qualifications need to include:

Thirty (30) Category I CME on cardiac CT or thirty (30) hours of equivalent cardiac CT education during training in a recognized radiology training program approved by the Accreditation Council for Graduate Medical Education (ACGME), the Royal College of Physicians and Surgeons of Canada (RCPSC), the Collège des Médecins du Québec, or the American Osteopathic Association (AOA). Note: The training should include education in cardiac anatomy, physiology, pathology, and cardiac CT imaging.

Name of program _____ Date(s) of program _____

ACCME accredited sponsor/site _____ Location _____

#Category 1 CME credits earned _____

Name of program _____ Date(s) of program _____

ACCME accredited sponsor/site _____ Location _____

#Category 1 CME credits earned _____

Name of program _____ Date(s) of program _____

ACCME accredited sponsor/site _____ Location _____

#Category 1 CME credits earned _____

For a non-radiology physician who assumes responsibilities for cardiac CT imaging, additional qualifications should include:

Completion of an ACGME-approved training program in the specialty practice

200 hours of Category I CME in the performance and interpretation of CT

Thirty (30) hours of Category I CME in cardiac imaging, including cardiac CT, anatomy, physiology, and/or pathology, or documented equivalent supervised experience in a facility actively performing cardiac CT

Name of ACGME-approved program _____

Date(s) of program _____ Location _____

Name of program _____ Date(s) of program _____

ACCME accredited sponsor/site _____ Location _____

#Category 1 CME credits earned _____

Name of program _____ Date(s) of program _____

ACCME accredited sponsor/site _____ Location _____

#Category 1 CME credits earned _____

Name of program _____ Date(s) of program _____

ACCME accredited sponsor/site _____ Location _____

#Category 1 CME credits earned _____

SECTION #4
Documentation of CCT exams

For a physician with prior qualifications in radiology (board certified or board eligible), additional qualifications need to include:

Supervision, interpretation, or reporting of at least 50 cardiac CT examinations in the last 36 months. Note: Coronary artery calcium scoring does not qualify as meeting these requirements.

Institution #1: (Name of Facility) _____

Number of Cases personally interpreted by applicant:

_____ # Category A - Contrast-enhanced cardiac CT

_____ # Category B - CT coronary angiography

_____ # Category C - CT cardiac venography

_____ # TOTAL CASES

Date Range for Case Review: From: _____ To _____

I verify that the applicant has interpreted , supervised, or reported the above number and type of cases:

Signature: _____ Title: _____
(Must be Department Head, Imaging Facility Head, Medical Director or Hospital CEO)

Printed Name: _____ Date: _____

Email Address: _____ Phone: _____

Facility Address: _____

Institution #2: (Name of Facility)_____

Number of Cases personally interpreted by applicant:

_____ # Category A - Contrast-enhanced cardiac CT

_____ # Category B - CT coronary angiography

_____ # Category C - CT cardiac venography

_____ # TOTAL CASES

Date Range for Case Review: From: _____ **To** _____

I verify that the applicant has interpreted , supervised, or reported the above number and type of cases:

Signature: _____ **Title:** _____
(Must be Department Head, Imaging Facility Head, Medical Director or Hospital CEO)

Printed Name: _____ **Date:** _____

Email Address: _____ **Phone:** _____

Facility Address: _____

Institution #3: (Name of Facility)_____

Number of Cases personally interpreted by applicant:

_____ # Category A - Contrast-enhanced cardiac CT

_____ # Category B - CT coronary angiography

_____ # Category C - CT cardiac venography

_____ # TOTAL CASES

Date Range for Case Review: From: _____ **To** _____

I verify that the applicant has interpreted , supervised, or reported the above number and type of cases:

Signature: _____ **Title:** _____
(Must be Department Head, Imaging Facility Head, Medical Director or Hospital CEO)

Printed Name: _____ Date: _____

Email Address: _____ Phone: _____

Facility Address: _____

For a non-radiology physician who assumes responsibilities for cardiac CT imaging, additional qualifications need to include:

- **Supervision, interpretation, or reporting of 500 cases in cardiothoracic imaging. Note: These cases must include at least 50 cardiac CT examinations during the past 36 months in a supervised situation and at least 450 additional thoracic CT or thoracic CT angiography cases. Coronary artery calcium scoring does not qualify as meeting these requirements.**

Institution #1: (Name of Facility) _____

Number of Cases personally interpreted by applicant:

_____ # Category A - Contrast-enhanced cardiac CT

_____ # Category B - CT coronary angiography

_____ # Category C - CT cardiac venography

_____ # Category D - Thoracic CT

_____ # Category E - Thoracic CT angiography

_____ # TOTAL CASES (Category A,B&C must equal or be greater than 50 cases; Category D & Category E must equal or be greater than 450)

Date Range for Case Review: From: _____ **To** _____

I verify that the applicant has interpreted , supervised, or reported the above number and type of cases:

Signature: _____ **Title:** _____

(Must be Department Head, Imaging Facility Head, Medical Director or Hospital CEO)

Printed Name: _____ **Date:** _____

Email Address: _____ **Phone:** _____

Facility Address: _____

Institution #2: (Name of Facility)_____

Number of Cases personally interpreted by applicant:

_____ # Category A - Contrast-enhanced cardiac CT

_____ # Category B - CT coronary angiography

_____ # Category C - CT cardiac venography

_____ # Category D - Thoracic CT

_____ # Category E - Thoracic CT angiography

_____ # TOTAL CASES (Category A,B&C must equal or be greater than 50 cases; Category D & Category E must equal or be greater than 450)

Date Range for Case Review: From: _____ To _____

I verify that the applicant has interpreted , supervised, or reported the above number and type of cases:

Signature: _____ Title: _____
(Must be Department Head, Imaging Facility Head, Medical Director or Hospital CEO)

Printed Name: _____ Date: _____

Email Address: _____ Phone: _____

Facility Address: _____

Institution #3: (Name of Facility)_____

Number of Cases personally interpreted by applicant:

_____ # Category A - Contrast-enhanced cardiac CT

_____ # Category B - CT coronary angiography

_____ # Category C - CT cardiac venography

_____ # Category D - Thoracic CT

_____ # Category E - Thoracic CT angiography

_____ # TOTAL CASES (Category A,B&C must equal or be greater than 50 cases; Category D & Category E must equal or be greater than 450)

Date Range for Case Review: From: _____ To _____

I verify that the applicant has interpreted , supervised, or reported the above number and type of cases:

Signature: _____ Title: _____
(Must be Department Head, Imaging Facility Head, Medical Director or Hospital CEO)

Printed Name: _____ Date: _____

Email Address: _____ Phone: _____

Facility Address: _____

() I, the undersigned applicant, attest that the foregoing represents the volume of cases personally interpreted, supervised or reported by me within the prior 36.

Signature of Applicant: _____ Date: _____

Agreement to terms:

I, the undersigned applicant, recognize the North American Society of Cardiovascular Imaging (NASCI) as the sole authority to evaluate and approve my qualifications to receive the Cardiac CT Experience Verification designation. Furthermore, I agree to hold harmless (individually and collectively) the North American Society of Cardiovascular Imaging for any decision or action in pursuance of their responsibilities in connection with this application or resulting Letter of Verification of Cardiac CT Experience.

I understand and agree that in the consideration of my application, any submitted documentation, including statements of attestation, education and training, will be assessed by NASCI. I also understand and agree that the Society may make inquiry of the persons and/or organizations named in my application, and of such other persons as the Society deems appropriate with respect to statements submitted, recognizing that if information is received which could adversely affect my application, I will be so advised and given an opportunity to rebut such allegations. I agree that at no time will I be advised as to the identity of any individuals or organizations who have furnished information as part of the application review process. I understand and agree that all statements and other information furnished to the Society in connection with such inquiry shall be confidential, and not subject to examination by me or by anyone acting on my behalf.

Signature of Applicant: _____ Date: _____

INSTRUCTIONS TO APPLICANT:

- 1. Complete the application and upload as appropriate. All required signatures must be present for the application to be considered complete. Incomplete applications will not be accepted by NASCI and will not be returned to the applicant.**
- 2. Upload Verification Letter(s) from mentor(s) (sample on website)**
- 3. Upload most recent CV.**
- 4. Fees will be payable upon application and are considered non-refundable. Considerations will be given to those petitioning for refund.**